PTO/SB/21 (09-04) (AW 10/2004)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission 20

Application Number	10/643,881	
Filing Date	August 20, 2003	
First Named Inventor	Robert James Vimini	
Art Unit	1761	
Examiner Name	Adepeju Omolola Pearse	
Attorney Docket No.	PDF-104US	

ENCLOSURES (Chock all that apply)			
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/Declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement	ENCLOSURES (Check all that apply) Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): PTO-2038, Return Receipt Postcard	
Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Landscape Table on CD Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name Signature Printed Name Christian M. Bauer Date Date RatnerPrestia Christian M. Bauer January 26, 2006	Registration No.	51,443	
CERTIFICATE OF TRANSMISSION / MAILING			
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Typed or Printed Name Debra L. Kelly		Date January 20, 2006	

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PTO/SB/17 (12-04v2) (AW 1/2005)

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Complete if Known Effective on 12/08/04. ees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/643,881 Application Number FEE TRANSMITTAL August 20, 2003 Filing Date For FY 2005 Robert James Vimini First Named Inventor Adepeju Omolola Pearse **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1761 Art Unit Attorney Docket No. PDF-104US **TOTAL AMOUNT OF PAYMENT** (\$) 1.150.00 METHOD OF PAYMENT (check all that apply) ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee ☐ Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038 **FEE CALCULATION** BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity **Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> 200 100 Utility 300 150 500 250 130 65 Design 200 100 100 50 Plant 200 100 300 150 160 80 300 150 500 250 600 300 Reissue Provisional 200 100 0 n **EXCESS CLAIM FEES Small Entity** Fee (\$) Fee (\$) **Fee Description** Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims **Extra Claims** Fee Paid (\$) Multiple Dependent Claims **Total Claims** Fee (\$) 50 19 50 = 950.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Fee (\$) Fee Paid (\$) Extra Claims Indep. Claims - 3 or HP = 200 = 200.00 HP = highest number of independent claims paid for, if greater than 3 **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)). the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) / 50 = (round up to a whole number) - 100 = OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): SUBMITTED BY Complete (if applicable) 610-407-0700 Registration No. Attorney/Agent) 51.443 Telephone Signature Date Name (Print/Type)

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